

Name
in
Full

Edgar Allen

CERTIFICATE OF DEATH

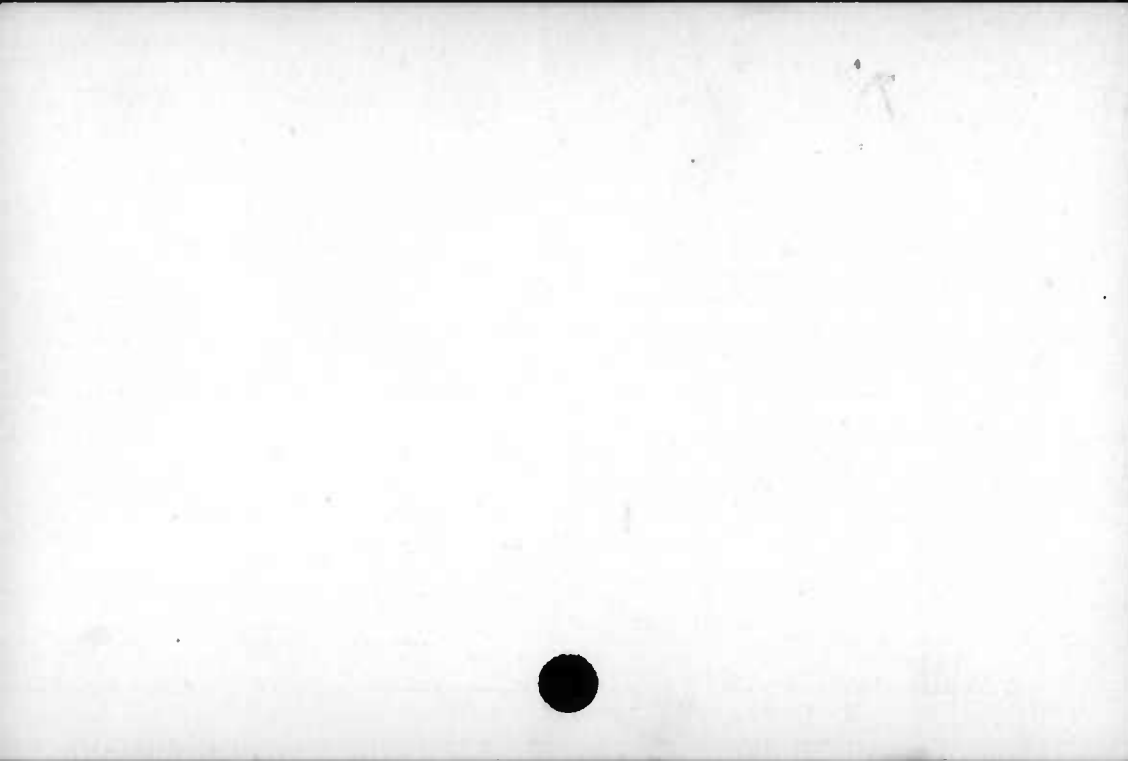
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Dayvin		County Howard		MARYLAND	
Date of death		1906	Month Jan.	Day 23	Age 24	Years	Months —
Sex Male		Color or Race Colored		Birth- place Md.			
Occupation Laborer				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wite or Husband					
Father's Name Richard Allen		Father's Birthplace Md					
Mother's Maiden Name Laura Barnes		Mother's Birthplace Md					
Name of person giving In formation S. A. Nichols		How related to deceased None					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long 6 months
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Yes
Signature of Physician S. A. Nichols		Address Dayvin Md.
Accident or Suicide?		No



Name
in
Full

Ann Baldwin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Savage</i>		County <i>Howard</i>		MARYLAND	
Date of death		1907	Month <i>1</i>	Day <i>11</i>	Age <i>69</i>	Months	Days
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>md</i>			
Occupation <i>Retired</i>		Where Residing if not at place of death <i>Savage</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>William Baldwin</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Elizabeth Newshaw</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Fannie Burpy</i>		How related to deceased <i>kin</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>acute Pneumonia</i>	How long <i>8 days</i>
Immediate	<i>Heart failure</i>	How long <i>sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>William M.D</i>
		Address <i>Savage</i>
Accident or Suicide? <i>hit in</i>		<i>md</i>



Name
in
Full

Mary E. Biggs

Bigs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Savage

Town

Howard

County

MARYLAND

Date

of death 1907

Month

Jan

Day

21st

Age

Years

65

Months

10

Days

3

Sex

Fem -

Color or
Race

white

Birth-
place

Md

Occupation

Retired

Where Residing if not
at place of death

Savage

Married, Single
or Widowed

widow

Name of Wife or
Husband

Benj. J. Biggs

Father's
Name

Richard Carrick

Father's
Birthplace

Md

Mother's
Maiden Name

Sarah Hardy

Mother's
Birthplace

Md

Name of person giving
In formation

Mary M. Pickett

How related
to deceased

daughter

CAUSES OF DEATH

Primary

Valvular Heart-Disease

How long

1 year

Immediate

Exhaustion

How long

progressive

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

W. J. Carrick, M.D.

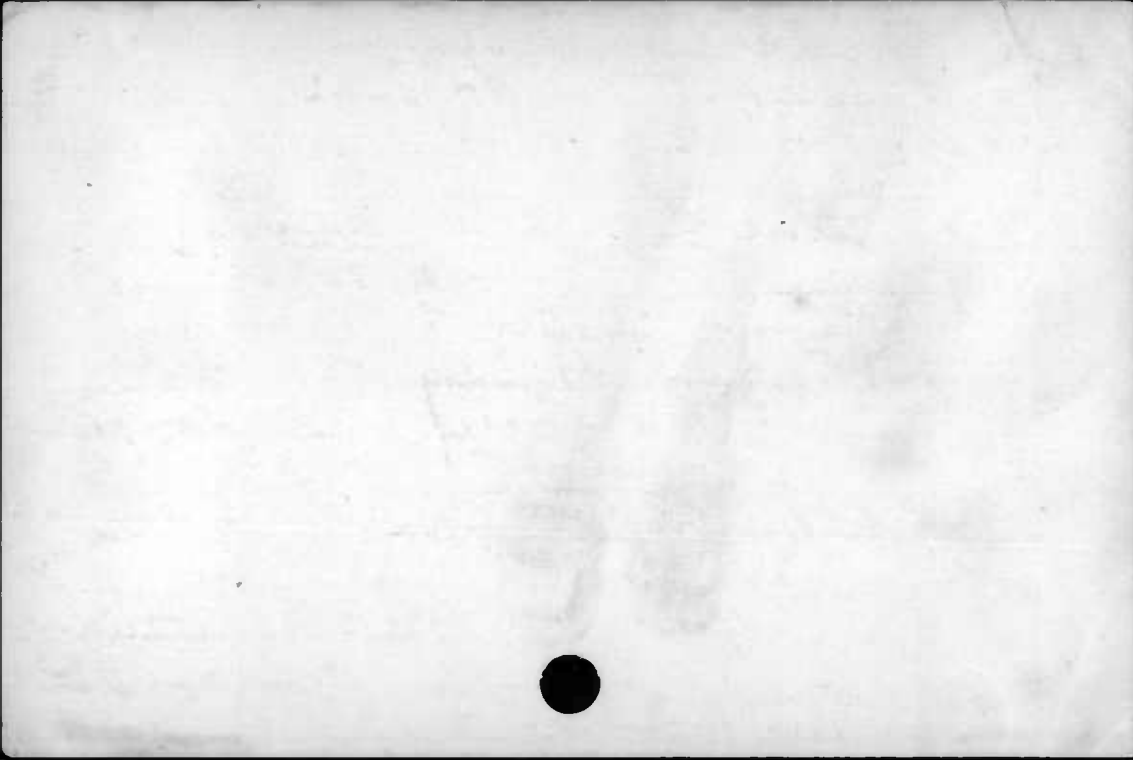
Savage

Md

Accident or Suicide?

homicide.

PHYSICIAN
OR CORONER



Name
in
Full

Paul. Zglehart Cisselt

CERTIFICATE OF DEATH

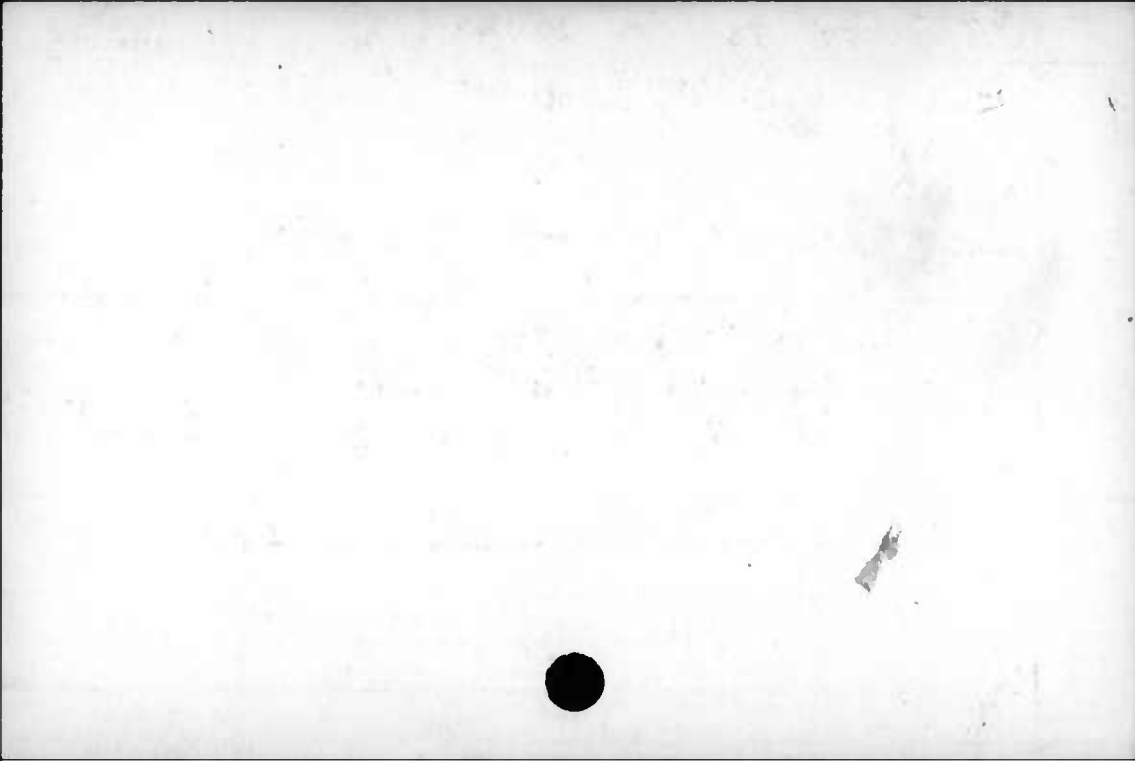
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Glenellg		County Howard		MARYLAND			
Date of death		1904	Month Jan.	Day 16	Age	Years	Months 7	Days	
Sex		Male		Color or Race		White		Birth- place	Maryland
Occupation				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name				Philip Cisselt				Father's Birthplace	Ind.
Mother's Maiden Name				Ella Zglehart				Mother's Birthplace	Ind.
Name of person giving In formation				S. A. Nichols				How related to deceased	Cousin

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Intestinal Obstruction	How long	2 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		S. A. Nichols	
		Address	
		Dayton Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Howard Co.*

Town

Howard Co.

County

Date of death | *90* | *Jan*

Month

27

Day

Age *80*

Years

Months

28

Days

Sex *Male*Color or
Race*white*Birth-
place*Va.*Occupation *Black Smith*Where Residing if not
at place of death*at place of death.*Married, Single
or Widowed*Widowed*Name of Wife or
Husband*Susan Bennett*Father's
Name*Mary Anderson Cole*Father's
Birthplace*Va.*Mother's
Maiden Name*Susan Radcliff*Mother's
Birthplace*Va.*Name of person giving
Information*H. D. Cole*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Lo. Grippe + Bronchitis

How long

3 weeks

Immediate

Asthma

How long

*4 days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*J. H. Venable**Laurel Md.*

Accident or Suicide?

0170/10

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sarah Collins</i>		Town <i>Alberton</i>		County <i>Stoward</i>		MARYLAND	
Died at <i>Alberton</i>		Month <i>Jan</i>		Day <i>10</i>		Years <i>69</i>	
Date of death <i>1907</i>		Month <i>Jan</i>		Day <i>10</i>		Years <i>69</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Virginia</i>		Months <i>7</i>	
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>—</i>		Days <i>16</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>Pa</i>		Mother's Birthplace <i>Pa</i>	
Father's Name <i>James Collins</i>		Mother's Maiden Name <i>Unknown</i>		Name of person giving Information <i>Mrs Collins</i>		How related to deceased <i>Sister-in-law</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hypertensive Pneumonia & General Athermia</i>		How long <i>6 days</i>	
Immediate <i>Pulmonary Stenosis & Cardiac Athermia</i>		How long <i>48 hrs</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Frank P. Miller M.D.</i>	
Accident or Suicide? <i>None taken</i>		Address <i>Alberton Md</i> <i>Sub Reg Alberton mob</i>	



Name
in
Full

Emory Cooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

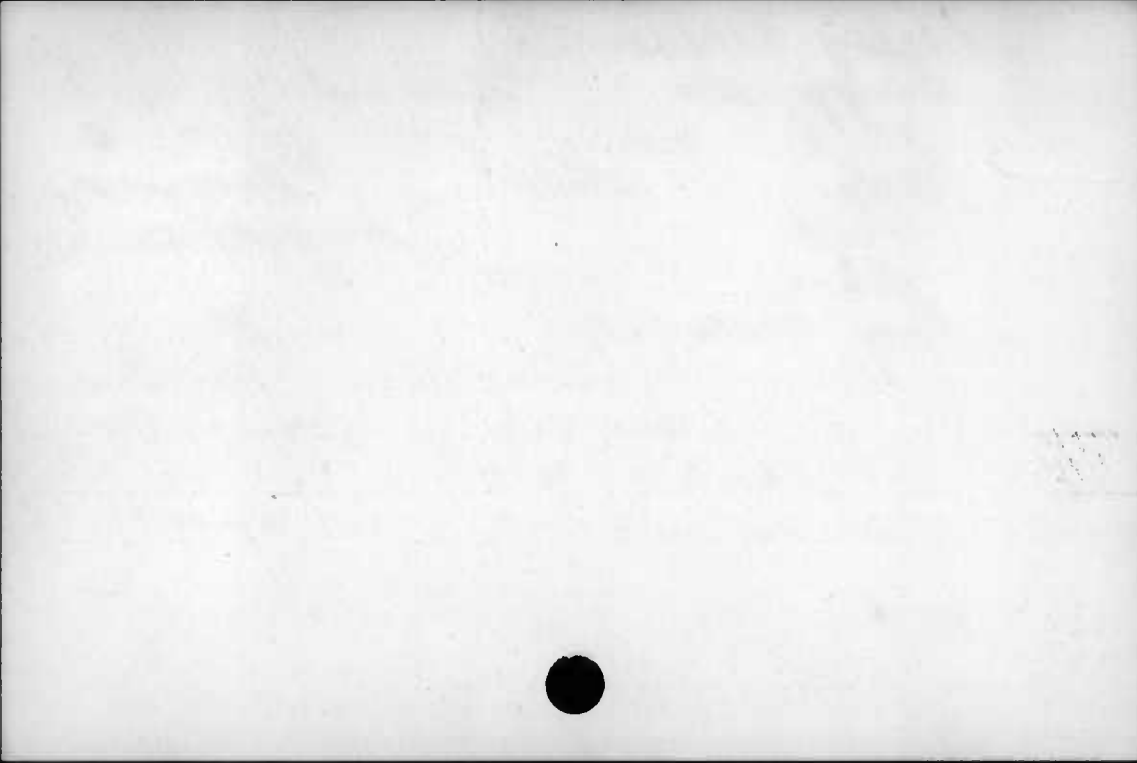
Died at		Town North Laurel		County Howard		MARYLAND	
Date of death	1907	Month 1	Day 13	Age Years	Months 3	Days	
Sex	Male		Color or Race	Black		Birth- place	North Laurel.
Occupation	Child			Where Residing if not at place of death		at place of death	
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Wm. Cooper					Father's Birthplace	Howard Co
Mother's Maiden Name	Marion Washington					Mother's Birthplace	W. Va
Name of person giving Information	Wm. Cooper					How related to deceased	Father.

CAUSES OF DEATH

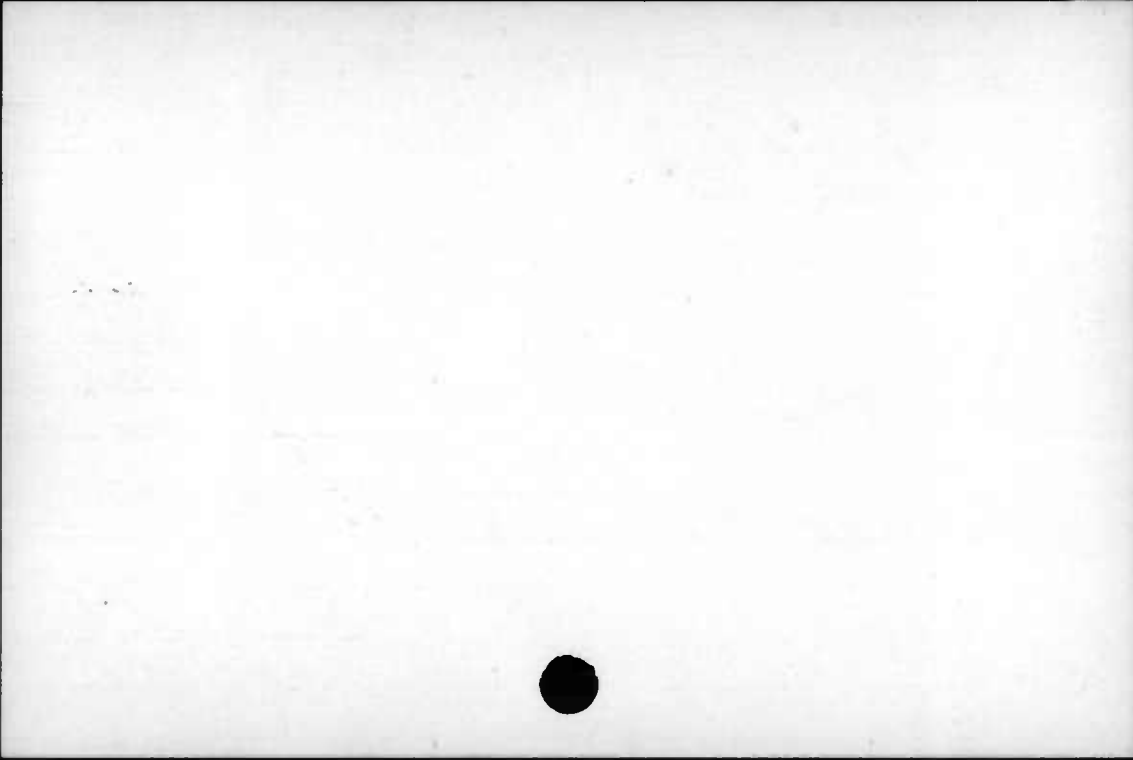
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PHYSICIAN
OR CORONER

Primary	Pneumonia - Pneumonia		How long	3 days
Immediate	Heart failure		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	D. P. Horner
			Address	Same Md
Accident or Suicide?				



Name in Full		Thomas Cross				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Fulton		Howard		MARYLAND		
		Date of death		1907	Month	January	Day	15
		Age		78	Years		Months	Days
		Sex		Male	Color or Race		white	Birth-place
		Occupation		Farmer	Where Residing if not at place of death		Fulton.	
		Married, Single or Widowed		Single	Name of Wife or Husband			
Father's Name		Don't Know				Father's Birthplace		
Mother's Maiden Name		Don't Know				Mother's Birthplace		
Name of person giving information		Horn Jos. Lattief.				How related to deceased		
						none		
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary		Pneumonia		How long		
		Immediate		Heart failure		Two weeks		
		Are the name, age, sex, color, date and place correctly given above?		yes		How long		
		Signature of Physician		M. N. L. Gissel		progressive		
		Address		Heighland Md.				
		Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

John Denhart

Town

County

Died at

Ellicott City

Howard

MARYLAND

Date

Month

Day

Age

Years

Months

Days

of death

1907 Jan

14

79

no

20

Sex

Male

Color or
Race

White

Birth-
place

Germany

Occupation

Retired

Where Residing if not
at place of death

Ellicott City

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

dead (Sophia Holthouse)

Father's
Name

Don't Know

Father's
Birthplace

Don't Know

Mother's
Maiden Name

Don't Know

Mother's
Birthplace

Don't Know

Name of person giving
In formation

Hellen C Denhart

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Cerebral haemorrhage

How long

21 days

Immediate

General debility

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. N. C. Jones
Ellicott City
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full James Mathew Doerle		CERTIFICATE OF DEATH	
Died at ^{Town} Elchester		^{County} Howard	
Date of death 1907		MARYLAND	
^{Month} January		^{Days} 4	
Age 82		Months	
Sex Male		Color or Race White	
Occupation Hatter		Birth-place Germany.	
Where Residing if not at place of death Elchester			
Married, Single or Widowed Single		Name of Wife or Husband	
Father's Name don't know		Father's Birthplace don't know	
Mother's Maiden Name don't know		Mother's Birthplace don't know	
Name of person giving information Rev. Wm H. Brick		How related to deceased none	

CAUSES OF DEATH	
Primary Bright's disease	How long 2 yrs
Immediate Exhaustion	How long 10 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Thos B. Brown
	Address Ellicott City
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Henry Harmon Darsch</i>		County <i>Howard</i>		MARYLAND	
Died at <i>1st District</i>		Month <i>Jan</i>		Days <i>9</i>	
Date of death <i>1907</i>		Day <i>27</i>		Age <i>1</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Howard Co Md</i>	
Occupation <i>—</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Frank Darsch</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Mary Catherine Wittman</i>		Mother's Birthplace <i>Baltimore</i>			
Name of person giving information <i>Catherine Espey</i>		How related to deceased <i>Aunt</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tubercular Meningitis</i>	How long <i>28</i> <i>14 weeks</i>
Immediate <i>Convulsions</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr C. L. Mattfeldt</i>
	Address <i>Baltimore Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

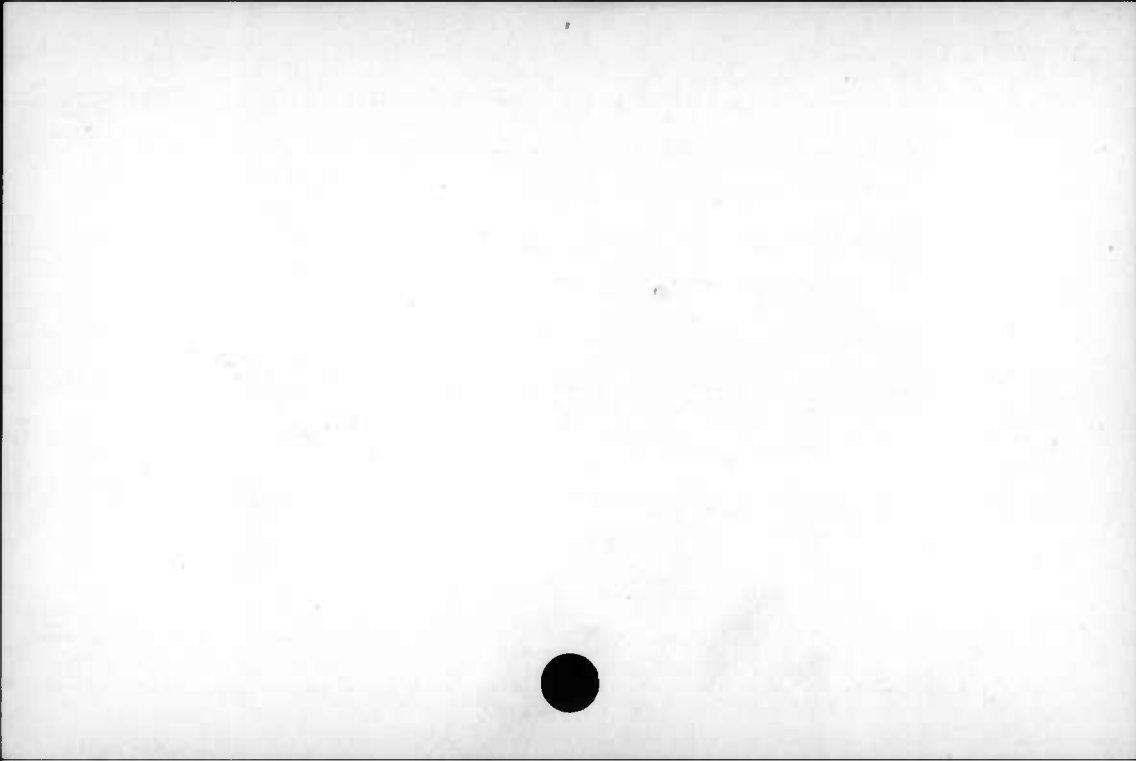
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Ellwood City</i>		Town <i>Ellwood City</i>		County <i>Marshall</i>		STATE OF <i>MARYLAND</i>	
Date of death 1907	Month <i>July</i>	Day <i>24</i>	Age	Years <i>86</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Retired</i>					
Name of Wife or Husband <i>Elizabeth Horrold</i>							
Father's Name <i>John Stiles</i>				Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Habilla Menellie</i>				Mother's Birthplace <i>Ireland</i>			
Name of person giving information <i>Margaret Carroll</i>				How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senile Degeneration</i>	How long	<i>10</i>
Immediate	<i>flu grippe</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. B. Rogers M.D.</i>	
		Address <i>Ellwood City, Pa.</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

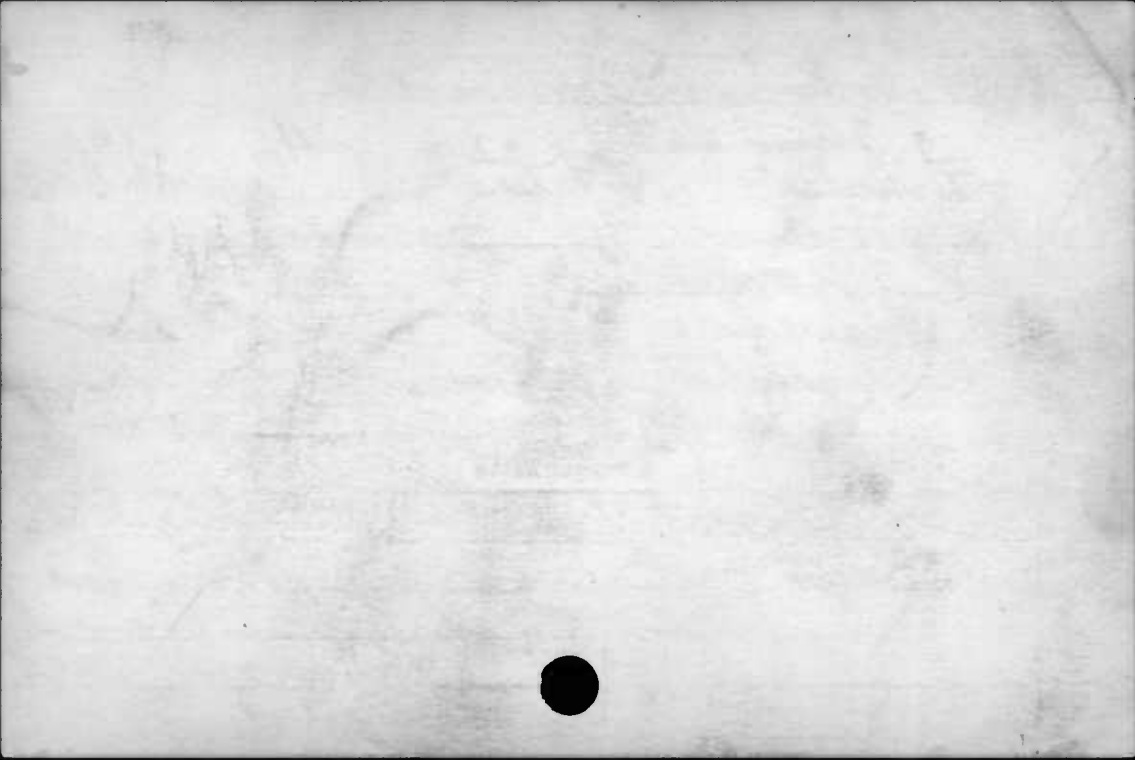
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Sykesville</i>		County <i>Howard</i>	
Date of death		Month <i>Jan</i>	Day <i>27</i>	Years <i>28</i>	Months <i>—</i>
Sex <i>Female</i>		Color or Race <i>African</i>		Birth-place <i>Sykesville Md.</i>	
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>Residing place of death</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John W. Fry</i>			
Father's Name <i>Charles Johnston</i>		Father's Birthplace <i>Acersville Md</i>			
Mother's Maiden Name <i>Laura Dorsey</i>		Mother's Birthplace <i>Elkridge Md</i>			
Name of person giving information <i>John W. Fry</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Consumption</i>	How long	<i>About 3 mos</i>
Immediate	<i>Effects of same</i>	How long	<i>A few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Think so</i>		Signature of Physician <i>C. H. Heffenger Md</i>	
		Address <i>Sykesville Md</i>	
Accident or Suicide? <i>No.</i>			



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Virginia Fulton</i>		Town <i>near Cellicott City</i>		County <i>Howard</i>	
Died at <i>near Cellicott City</i>		Date of death <i>1907 Jan 8</i>		Age <i>13</i>	
Month <i>Jan</i>		Day <i>8</i>		Years <i>13</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>None</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>			
Father's Name <i>William F. Fulton</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Emma W. Carlin</i>		Mother's Birthplace <i>Virginia</i>			
Name of person giving information <i>Wm F. Fulton</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Valvular disease of heart</i>	How long	<i>3 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes,</i>		Signature of Physician <i>Wm B. Brown M.D.</i>	
		Address <i>Cellicott City, Md</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Rebecca E. Gore</i>		Town <i>Near Popham Mills</i>		County <i>Howard Co.</i>		MARYLAND	
Died at <i>Near Popham Mills</i>		Month <i>January</i>		Day <i>26th</i>		Years <i>69</i>	
Date of death 1907		Months <i>11</i>		Days <i>16</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Carroll Co. Md.</i>			
Married, Single or Widowed <i>Widow</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>George Gore</i>							
Father's Name <i>Alexander Gillie</i>		Fether's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Elizabeth Jenkins</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving In formation <i>Jack Gore</i>		How related to deceased <i>Son</i>					

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary <i>Acute Gastritis</i>	How long <i>Three days</i>
Immediate <i>Heart Failure</i>	How long <i>Four hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Walter Sims</i>
	Address <i>Glennwood, Md.</i>
Accident or Suicide?	





Name
in
Full

Annice W. Harriman

CERTIFICATE OF DEATH

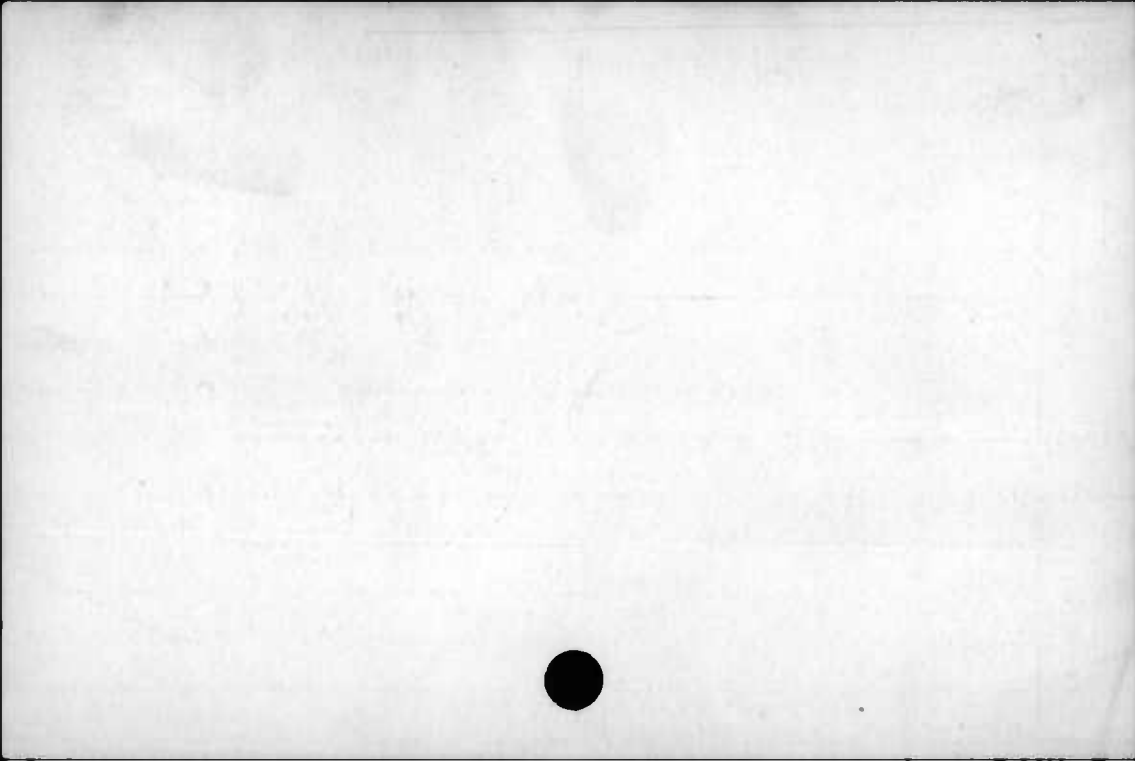
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Elkridge</i>		County <i>Howard</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
<i>1907</i>		<i>Jan.</i>	<i>13</i>	<i>74</i>	<i>7</i>		
Sex		Color or Race		Birth-place			
<i>female</i>		<i>white</i>		<i>Md</i>			
Occupation		Where Residing if not at place of death					
<i>Retired</i>		<i>Elkridge</i>					
Married, Single or Widowed		Name of Wife or Husband					
<i>widow</i>		<i>Charles H. Harriman</i>					
Father's Name		Father's Birthplace					
<i>Don't know</i>		<i>Don't know</i>					
Mother's Maiden Name		Mother's Birthplace					
<i>Don't know</i>		<i>Don't know</i>					
Name of person giving information		How related to deceased					
<i>in this household</i>		<i>daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>	How long	<i>4 days</i>
Immediate	<i>Shock</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. W. Livingston M.D</i>	
		Address	
		<i>Savage</i>	
Accident or Suicide?			
<i>Neither</i>			



Name
in
Full

Hellen Harvey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Savage		County Howard		MARYLAND	
Date of death 1907		Month 1	Day 1	Age	Years	Months 3	Days 12
Sex	Female	Color or Race	white	Birth-place		Md	
Occupation	Infant		Where Residing if not at place of death		Savage		
Married, Single or Widowed	single		Name of Wife or Husband				
Father's Name	Mr W. Harvey		Father's Birthplace		Md		
Mother's Maiden Name	Mazie Price		Mother's Birthplace		Md		
Name of person giving information	Mr Harvey		How related to deceased		father		

CAUSES OF DEATH

Primary	Chronic Indigestion	How long	3 mo.
Immediate	Exhaustion	How long	progressive
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. W. Wintner M.D.
		Address	Savage Md
Accident or Suicide?	no		

George Cashell

Name in Full		Town		County		CERTIFICATE OF DEATH									
Laurel		Columbia		Howard		MARYLAND									
Died at		Date of death		Month		Day		Age		Years		Months		Days	
1907		Jan		26		Age		62							
Sex		Male		Color or Race		White		Birth-place		Maryland					
Occupation		Farmer		Where Residing if not at place of death		Columbia									
Married, Single or Widowed		Married		Name of Wife or Husband		Mrs E. Haynes									
Father's Name		Jesse Haynes		Father's Birthplace		Maryland									
Mother's Maiden Name		Mary Ann Haynes		Mother's Birthplace		Maryland									
Name of person giving information		Mrs. E. Haynes		How related to deceased		Wife									
CAUSES OF DEATH															
Primary		Bright Disease		How long		2 yrs									
Immediate		Paralysis of Bulbar Arteriole		How long											
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. B. Dornig		Address		Ellicott City					
Accident or Suicide?															



Name
in
Full

Franz Nuova

CERTIFICATE OF DEATH

Town

Fulton

County

Howard

MARYLAND

Died at

Date

1907

Month

Jan

Day

30

Years

Age 85

Months

Days

Sex

Male

Color or
Race

white

Birth-
place

Bohemia

Occupation

Shoe maker

Where Residing if not
at place of death

Fulton

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mrs Nuova

Father's
Name

Don't know

Father's
Birthplace

Europe

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Europe

Name of person giving
In formation

Chas. H. Harding

How related
to deceased

None

CAUSES OF DEATH

Primary

Influenza

How long

One week

Immediate

Suffocation

How long

Progressive

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

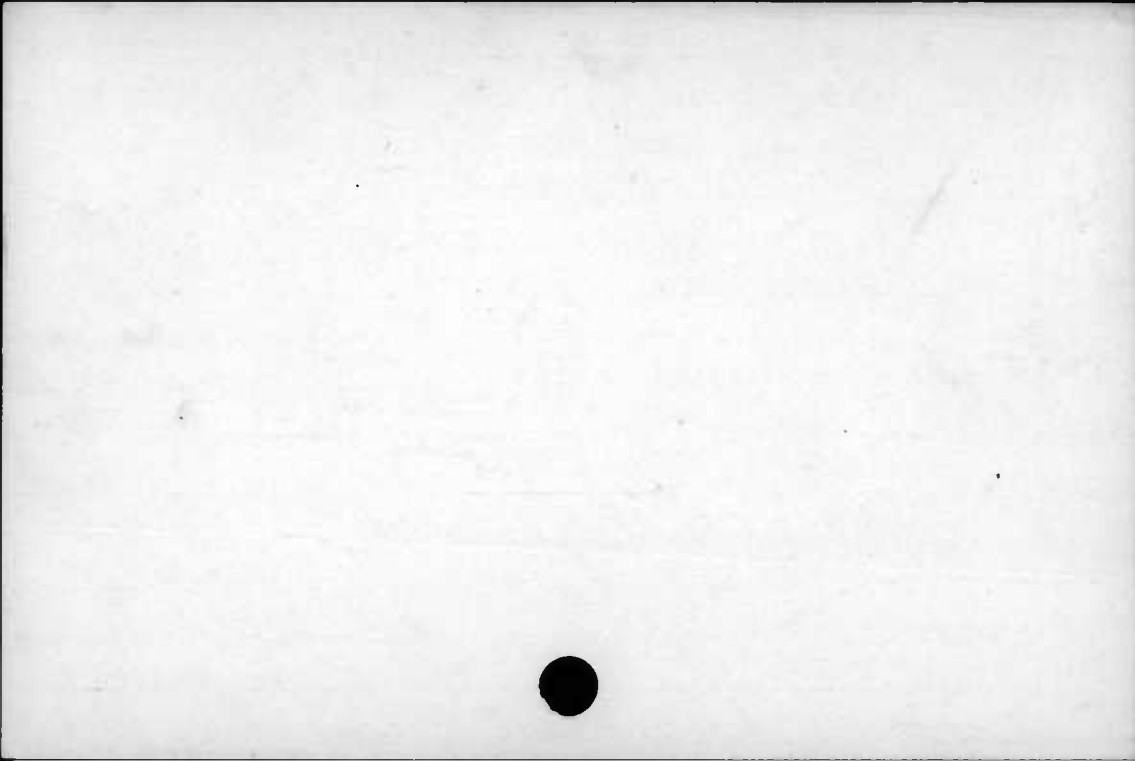
W. M. L. C. C. C.

Address

Highland, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Henry Augusta Johnson

CERTIFICATE OF DEATH

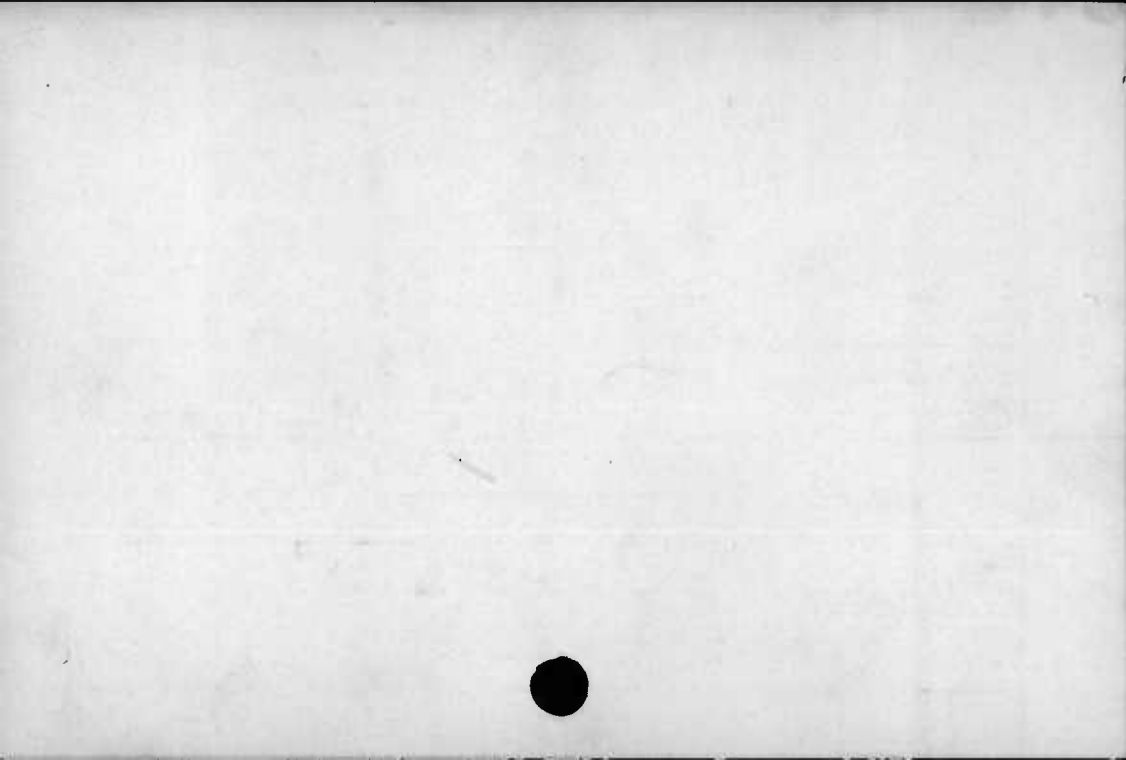
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town West Friendship		County Howard		MARYLAND	
Date of death	1907	Month Jan	Day 10	Age 33	Years --	Months 8	Days --
Sex	Male		Color or Race	black		Birth- place	Maryland
Occupation	Laborer			Where Residing if not at place of death -- With Father --			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	James Johnson					Father's Birthplace	Maryland
Mother's Maiden Name	Lucy Davis					Mother's Birthplace	"
Name of person giving In formation	James Emory Johnson					How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	2 years
Immediate	Hemorrhage		How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			John W. Webb	
			West Friendship	
			Howard County Md.	
Accident or Suicide?		---		



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Eek Ridge* ^{Town}County *Howard*Date of death *1907* ^{Month} *Jan'y* ^{Day} *10* ^{Age} *68* ^{Years} *1* ^{Months} *8* ^{Days}Sex *Male* Color or Race *White* Birth-place *Maryland*Occupation *Judge* Where Residing if not at place of death *—*Married, ~~Single~~ *Widow* Name of Wife or Husband *Mary G. Jones*Father's Name *Edward Jones* Father's Birthplace *Md.*Mother's Maiden Name *Maria F. Croxall* Mother's Birthplace *New Jersey*Name of person giving information *Arthur L. Jones* How related to deceased *Brother*

CAUSES OF DEATH

Primary *La Grippe* How long *10 days*
Immediate *Lobar Pneumonia* How long *7 days*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *W. R. Eareckson*Address *Eek Ridge, Md.*Accident or suicide? *—*

Dr Mattfield
Catonsville.

& Mrs Chapman
Annapolis

Name
in
Full

William Lilly

CERTIFICATE OF DEATH

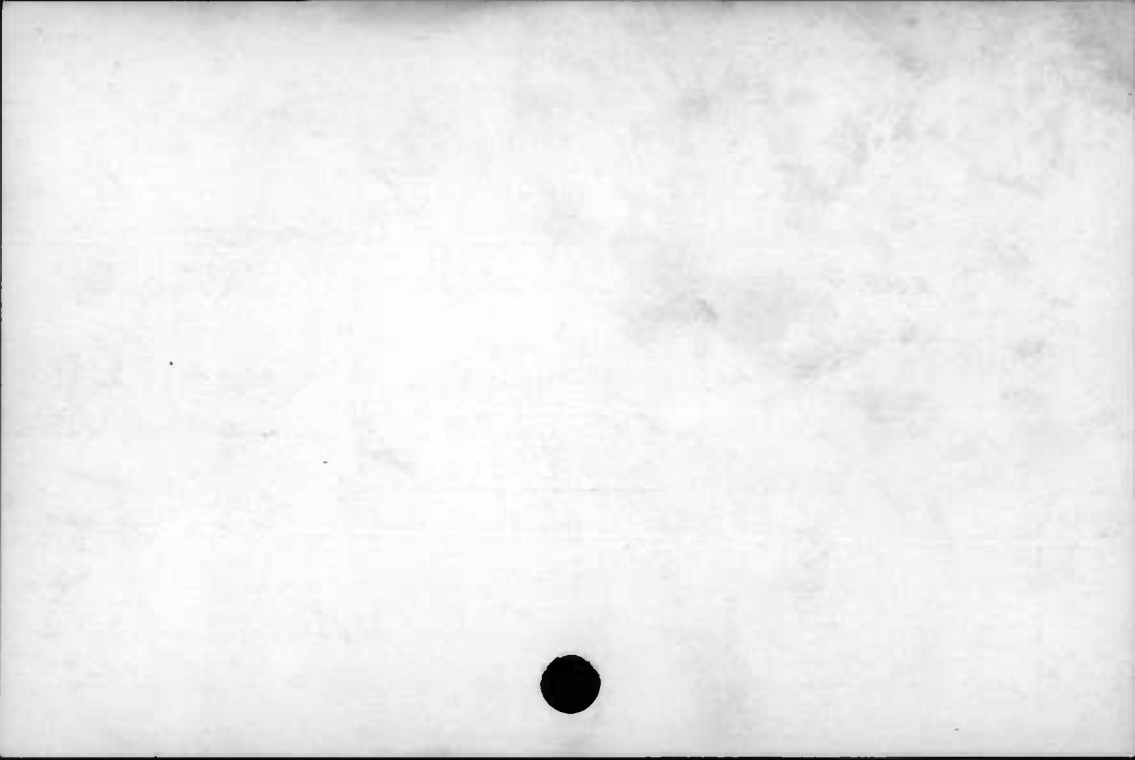
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town near Ellicott City		County Howard		MARYLAND		
Date of death		1904	Month Jan	Day 2	Age 71	Years	Months —	Days —
Sex	Male	Color or Race	White		Birth- place	Maryland.		
Occupation	Merchant.			Where Residing if not at place of death		Ellicott City		
Married, Single or Widowed	Married		Name of Wife or Husband		Mrs. Mary Lilly			
Father's Name	Robert Lilly					Father's Birthplace	Maryland	
Mother's Maiden Name	Carillia Jones					Mother's Birthplace	Maryland.	
Name of person giving information	William Lilly					How related to deceased	son	

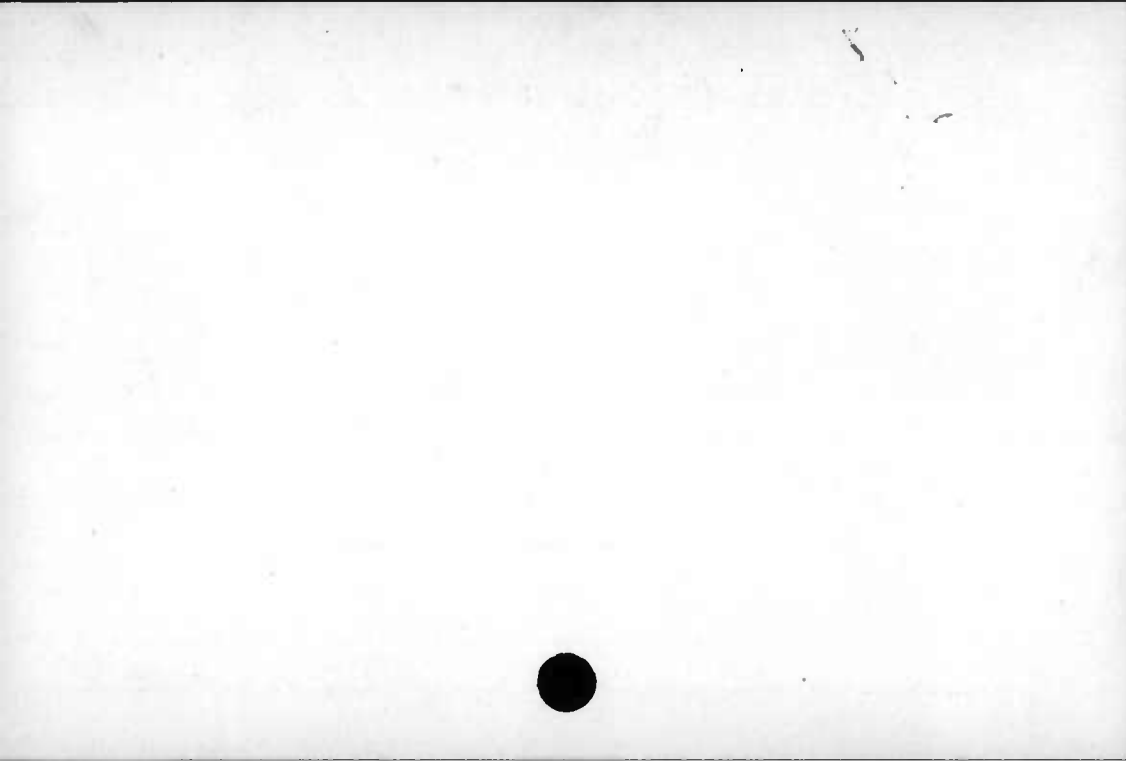
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular Heart Disease		How long	6 months
Immediate	Arteriosclerosis		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	William H. [unclear]
			Address	Ellicott City, Md.
Accident or Suicide?				



Name in Full		Francis K. Linthicum				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Eliwah		Howard		MARYLAND	
	Date of death	1906	Month Jan.	Day 12	Age 69	Months —	Days —
	Sex	Female		Color or Race	White	Birth-place	Maryland
	Occupation	Housewife		Where Residing if not at place of death		Eliwah	
	Married, Single or Widowed	Widowed		Name of Wife or Husband		Andrew Linthicum	
	Father's Name	Greenbury Laiter				Father's Birthplace	Ind
	Mother's Maiden Name	Katharine Cloel				Mother's Birthplace	Ind
Name of person giving information	Susan Linthicum				How related to deceased	Daughter	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Fibroid Phthisis				How long	25 years
	Immediate	Grippe				How long	10 days
	Are the name, age, sex, color, date and place correctly given above?				Yes.		
	Signature of Physician				S. A. Nichols		
Address				Dayton Md.			
Accident or Suicide?				No			



Name
in
Full

Still birth Nichols

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Dayton		County Howard		MARYLAND	
Date of death		1907	Month Jan.	Day 19	Age —	Years —	Months —
Sex Male		Color or Race White		Birth- place Maryland			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed —				Name of Wife or Husband —			
Father's Name Samuel A. Nichols				Father's Birthplace Md.			
Mother's Maiden Name Anna James				Mother's Birthplace Md.			
Name of person giving Information S. A. Nichols				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long —	
Immediate Still Birth		How long —	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician S. A. Nichols	
		Address Dayton Md.	
Accident or Suicide? Neither			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Emma O'Donnell*

Died at *Ilchester* Town *Howard* County *MARYLAND*

Date of death *1907* Month *July* Day *7* Age *69* Years Months *3* Days *26*

Sex *Female* Color or Race *White* Birth-place *Md.*

Occupation *House Duties* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *John Michael O'Donnell*

Father's Name *Nicholas Ray* Father's Birthplace *Ireland*

Mother's Maiden Name *Valmida Cook* Mother's Birthplace *Ireland*

Name of person giving information *John F. O'Donnell* How related to deceased *Son*

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary *La Grippe* How long *10 days*

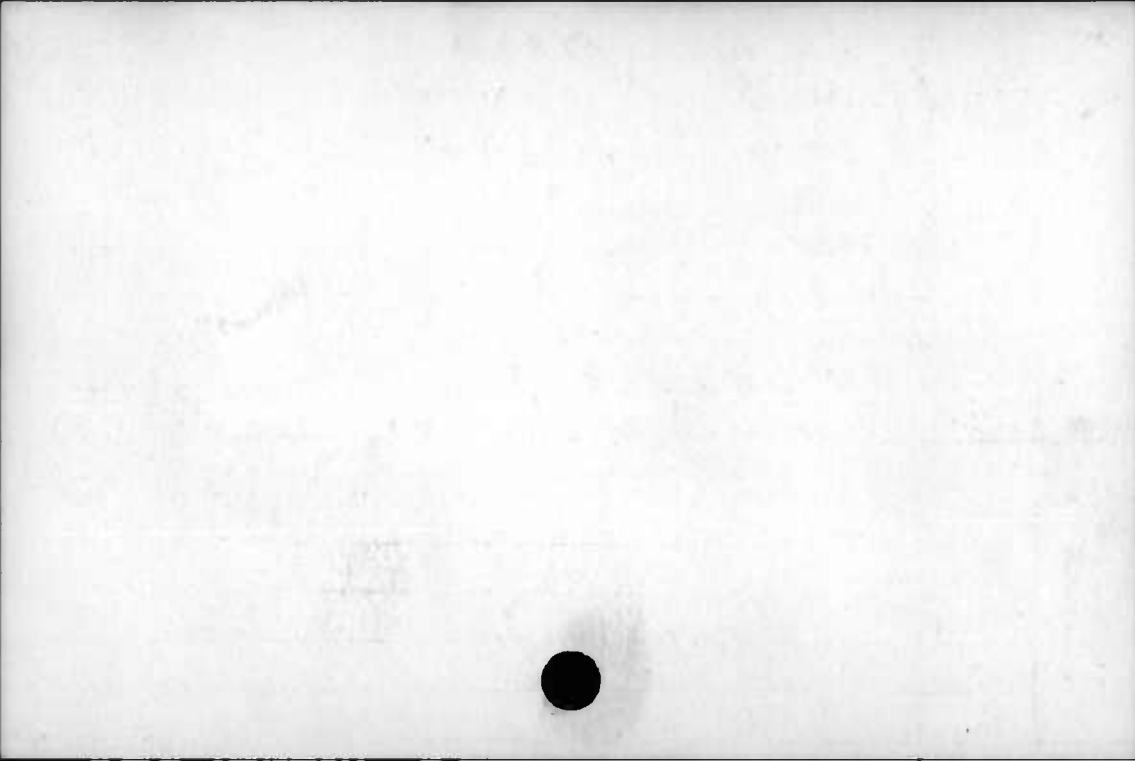
Immediate *Paralysis* How long *3 "*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Whitely*

Address *Batonville*

Accident or Suicide? *—*



Name
in
Full

Mary Ellen

Boole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *near Florence* Town*Horner* County

MARYLAND

Date of death *1907* January *7* DayAge *75* Years

Months

Days

Sex *Female*Color or Race *white*

Birth-place

Occupation *Housewife*Where Residing if not at place of death *at John Boole*Married, Single or Widowed *Widow*Name of ~~Widow~~ Husband *Joseph Boole, deceased*Father's Name *Henry Duval*

Father's Birthplace

Mother's Maiden Name *Hammond*

Mother's Birthplace

Name of person giving information *John Boole*How related to deceased *Son*

CAUSES OF DEATH

Primary *Diabetes**(50)*How long *3 months*

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

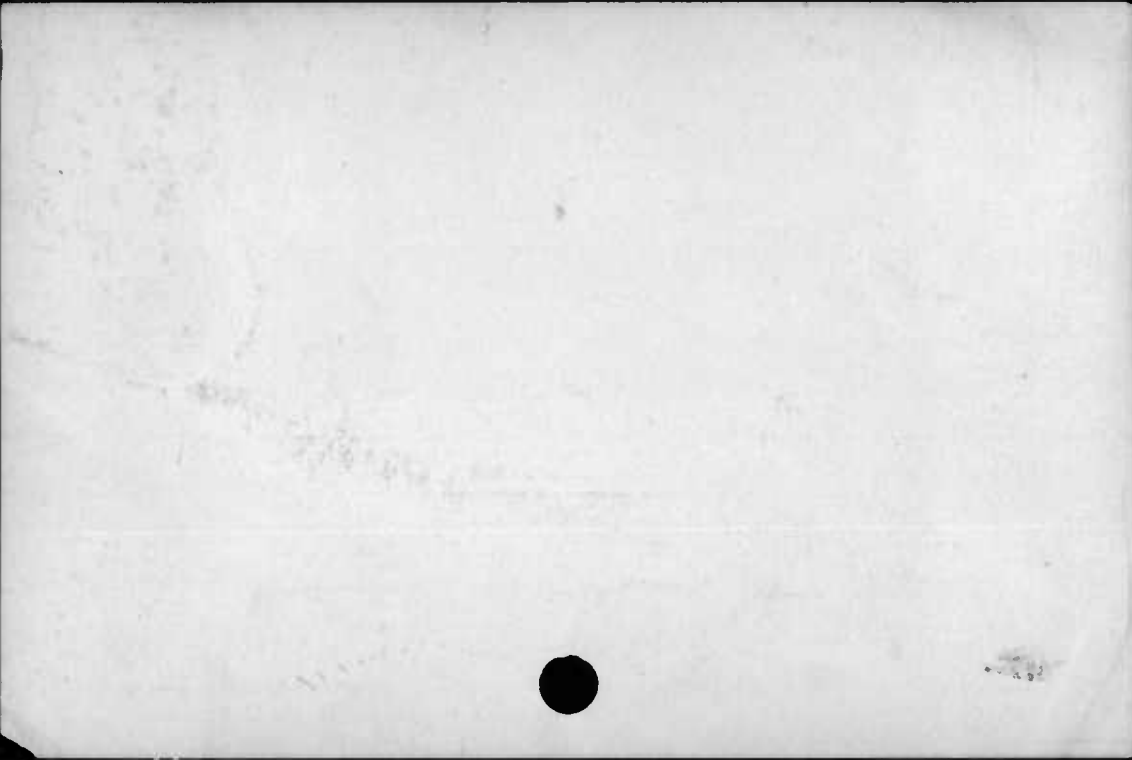
Signature of Physician

Address

R. O. D. Mayfield
Lisbon

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

William C Powers

CERTIFICATE OF DEATH

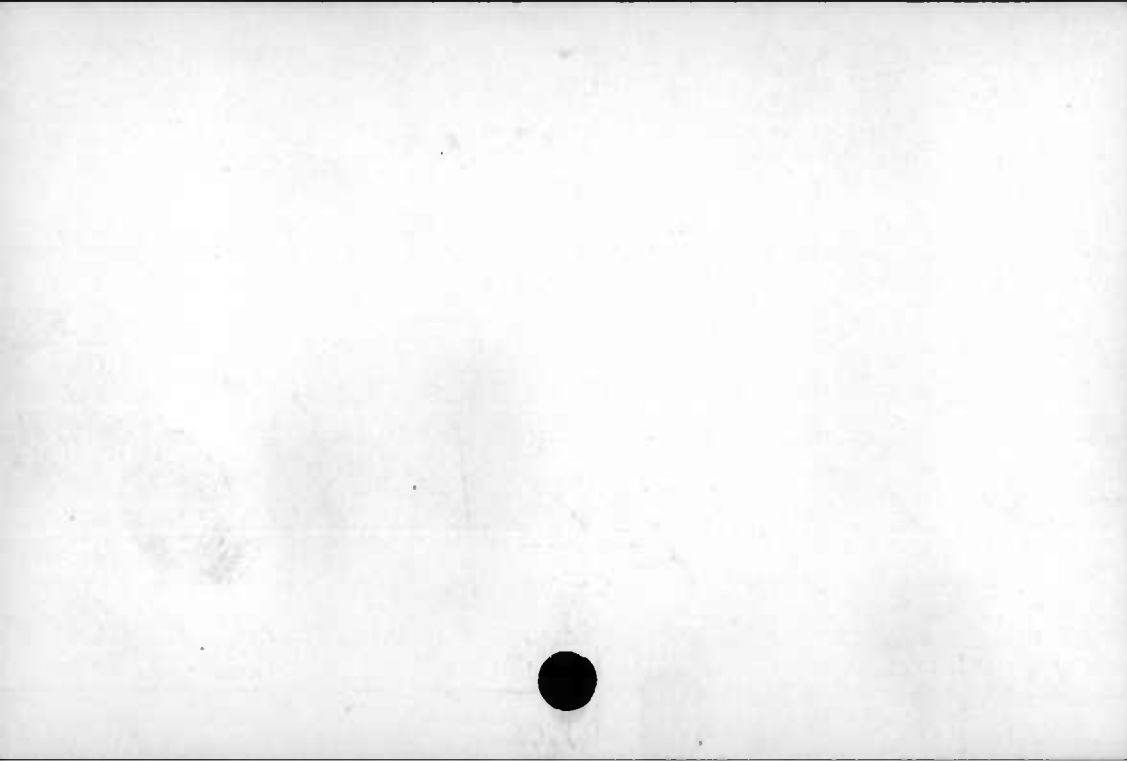
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		July	14	28			
Sex	male	Color or Race	white	Birth-place	Maryland		
Occupation	Black Smith			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband				
Name		Charles C. Powers		Father's Birthplace			
Mother's Maiden Name		Mary C. Powers		Mother's Birthplace			
Name of person giving information		Charles C. Powers		How related to deceased			
				Father			

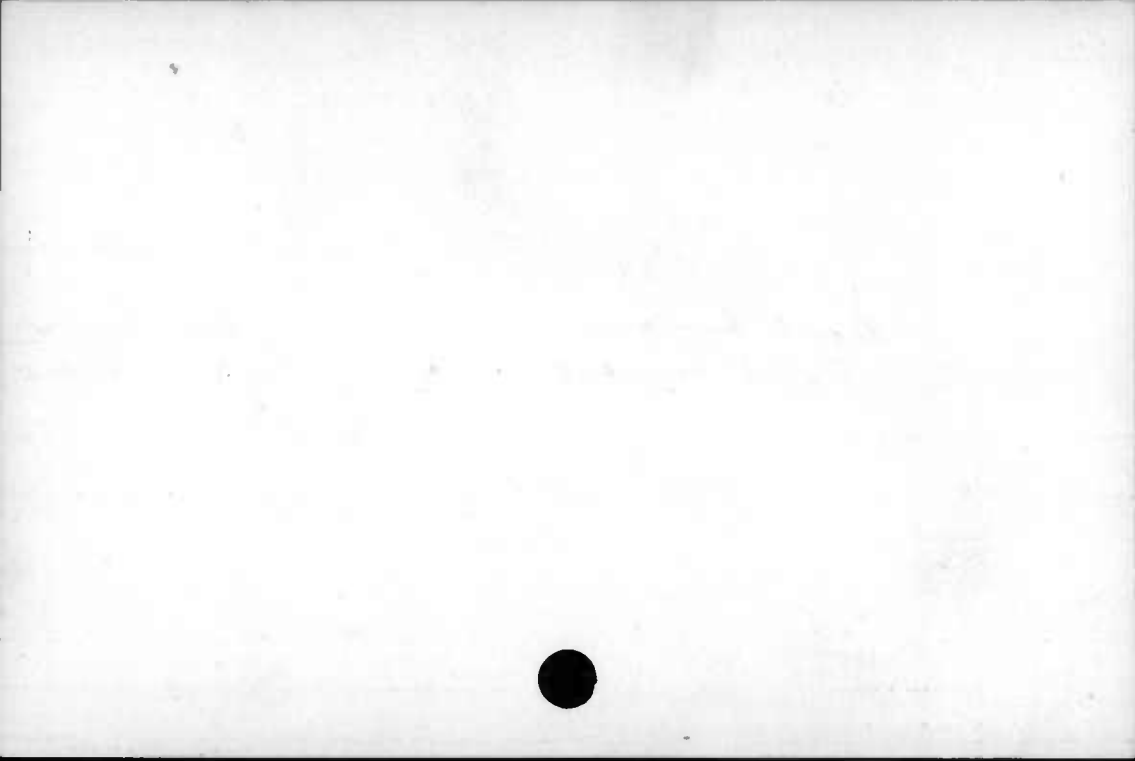
CAUSES OF DEATH

PHYSICIAN
OR CORONER

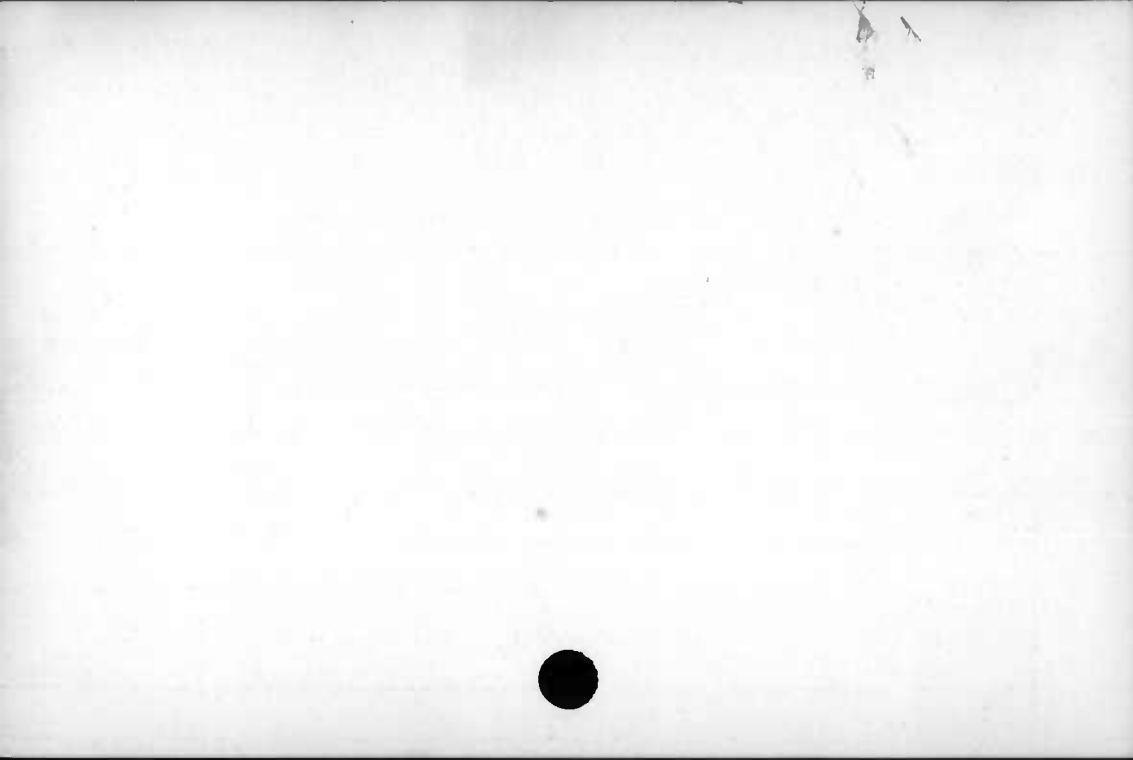
Primary	Consumption	How long	2 years
Immediate	Inflammation	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		B. J. Byrne	
Address		Ellicott City	
Accident or Suicide?			



Name in Full George Sanders		CERTIFICATE OF DEATH	
Died at New Elliest City ^{Town}		Heanrod ^{County}	
Date of death 1907 Jan. 29 ^{Month Day}		60 ^{Years} 0 ^{Months} 0 ^{Days}	
Sex male		Color or Race Colored	Birth-place Va.
Occupation Laborer		Where Residing if not at place of death New Elliest City - Md.	
Married, Single or Widowed Widower	Name of Wife or Husband Don't know		
Father's Name Don't know	Father's Birthplace Don't know		
Mother's Maiden Name Don't know	Mother's Birthplace Don't know		
Name of person giving information Stella Adams	How related to deceased None		
CAUSES OF DEATH			
Primary Pneumonia?	(93) ^{How long} 1 week		
Immediate Don't know	Don't know ^{How long}		
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician L. L. Brown Jr. D.O.		
	Address Elliest City - Md.		
Accident or Suicide? Neither			



Name in Full		Ethel Lee Walker				CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at	Dayton		Howard		MARYLAND						
	Date of death	1906	Month	Jan.	Day	25	Age	4	Years	Months	Days	
	Sex	Female		Color or Race	White		Birth-place	Md.				
	Occupation	None		Where Residing if not at place of death		—						
	Married, Single or Widowed	Single		Name of Wife or Husband		—						
	Father's Name	William Walker					Father's Birthplace	Md.				
	Mother's Maiden Name	Jennie London					Mother's Birthplace	Md.				
	Name of person giving information	S. A. Nichols					How related to deceased	None				
CAUSES OF DEATH												
PHYSICIAN OR CORONER	Primary	Capillary Bronchitis					How long	9 weeks.				
	Immediate											
	Are the name, age, sex, color, date and place correctly given above?	yes					Signature of Physician	S. A. Nichols				
	Address						Dayton Md.					
	Accident or Suicide?	Neither.										



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Walleich</i>		County <i>Howard</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		January	26			7	
Sex	Female			Color or Race	white		
Occupation	none			Birth-place	Md.		
Where Residing if not at place of death				<i>Simpsonville</i>			
Married, Single or Widowed	single			Name of Wife or Husband	none		
Father's Name	<i>Charles Walleich</i>				Father's Birthplace	Md.	
Mother's Maiden Name	<i>Ella M. Harding</i>				Mother's Birthplace	Md.	
Name of person giving information	<i>Geo. Genaw</i>				How related to deceased	none	

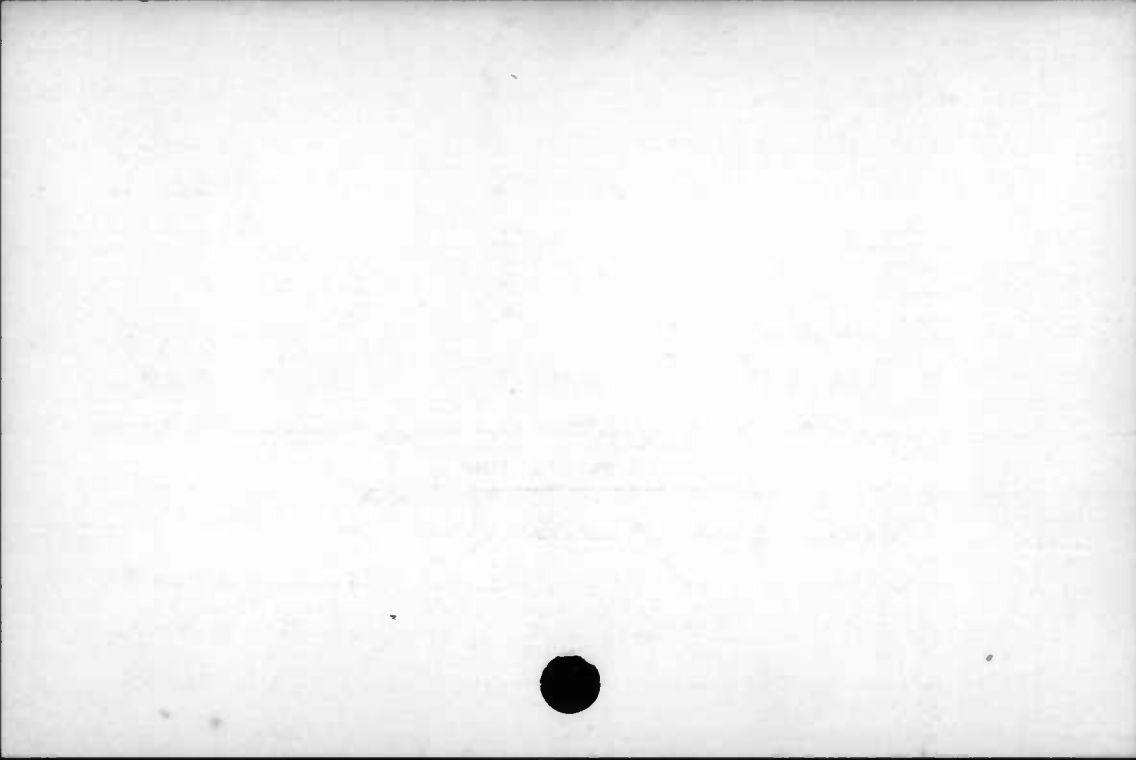
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bronchitis</i>	How long	<i>90</i>
Immediate	<i>Asthma</i>	How long	<i>Progressive</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. M. L. Linnell</i>
		Address	<i>Highland</i>
Accident or Suicide?			



Name in Full		Charles D Warfield				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		1907		1	31	46		
		Sex		Color or Race		Birth-place		
		Male		White		Blennwood		
		Occupation		Where Residing if not at place of death				
		Agriculture						
		Married, <input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/>		Name of Wife or Husband				
		Mary S Warfield						
Father's Name		Dr. Edwin Warfield				Father's Birthplace		
						Howard Co		
Mother's Maiden Name		Sarah Warfield				Mother's Birthplace		
						Howard Co.		
Name of person giving information		Mrs Wm Matthews				How related to deceased		
						None		
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary		Acute paralysis		How long	Six hours	
		Immediate		Paralysis of heart muscle		How long	A few minutes	
		Are the name, age, sex, color, date and place correctly given above?		Yes,		Signature of Physician		
				Dr W W Eichelberger		Address		
				Dr J W Sims per		Blennwood		
Accident or Suicide?		None						



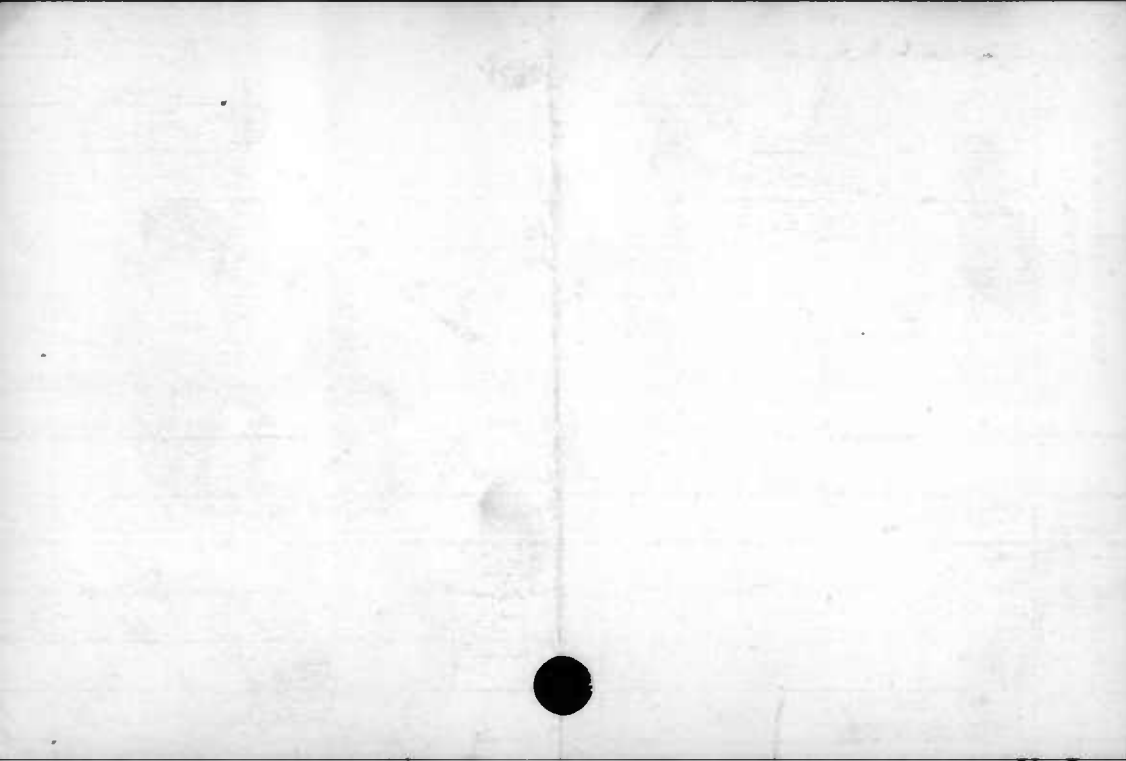
Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

John Campbell White				County		MARYLAND	
Died at		Town		County			
Elchester		Howard					
Date of death		Month		Day		Age	
1907		Jan.		11		85	
Sex		Color or Race		Birth-place			
Male		White		Md.			
Occupation				Where Residing if not at place of death			
None							
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Stevenson White				Ireland			
Mother's Maiden Name				Mother's Birthplace			
Priscilla Ridgley				Md.			
Name of person giving information				How related to deceased			
Mrs. Priscilla N. Morrison				Niece			

CAUSES OF DEATH

Primary		How long	
Age			
Immediate		How long	
Debility		6 mos.	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Wm. R. Eason	
		Address	
		Ex Ridge	
Accident or Suicide?			



Name
in
Full

Billie May
Died at
Tolchester

Wilson
County
Howard

CERTIFICATE OF DEATH

MARYLAND

Date of death 1907 Jan 14 Age 7 15

Sex Female Color or Race Colored Birth-place Howard Co

Occupation Don't know Where Residing if not at place of death Don't know

Married, Single or Widowed Don't know Name of Wife or Husband Don't know

Father's Name Richard Wilson Father's Birthplace Howard Co

Mother's Maiden Name Olive Curry Mother's Birthplace Unknown

Name of person giving information Olive Curry How related to deceased Mother

CAUSES OF DEATH

Primary Malaria How long 3 months

Immediate General Asthma How long

Are the name, age, sex, color, date and place correctly given above? Signature of Physician D. W. Stultz M.D.

Address Catausville Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

